

PLACE OF BIRTH

1. County of Gila

District of _____

Town of _____

or

City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 163

County Registrar No. _____

Local Registrar No. 218

No. _____

St. _____

Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Mary Melissa Alford } If child is not yet named, make supplemental report, as directed.3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? yes 6. Date of birth Oct. 15, 19267. Date of birth Oct. 15, 1926 Month day year8. FATHER Alford 14. MOTHERFull name Rufus Alford Boy 306 Full maiden name Mary Ruby Layton9. Residence (Usual place of abode) Globe, Arizona 15. Residence (Usual place of abode) Globe, Arizona

If nonresident, give place and state

10. Color or race white 16. Color or race white11. Age at last birthday 49 (Years) 17. Age at last birthday 39 (Years)12. Birthplace (city or place) Seymour, Missouri 18. Birthplace (city or place) Custer, S. D.

(State or country)

13. Occupation 19. Occupation

Nature of industry Miner Nature of industry Housewife20. Number of children of this mother (a) Born alive and now living four 21. Were precautions taken against ophthalmia neonatorum? yes(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead none (c) Stillborn none

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:20 p.m. on the date above stated.

(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

Given name added from _____ Signature T. S. Harper, M.D.supplemental report _____ Address Globe, ArizonaFiled Oct 31, 1926 Local Registrar.

Month, day, year. Registrars. County Registrar.

Registrars.

Filed

19

County Registrar.

414-1015-435

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each child, in order of birth stated.